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California State University

San Bernardino

**A STUDY OF ADULT DAY-CARE FACILITIES
IN SAN BERNARDINO/RIVERSIDE COUNTIES**

A Project Submitted to

The Faculty of the School of Education

In Partial Fulfillment of the Requirements of the

Degree of

Master of Arts

in

Rehabilitation Counseling

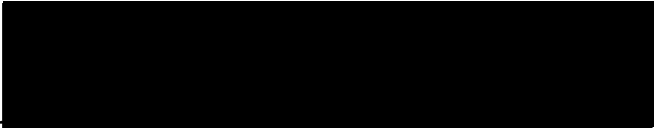
By

Anatilde Chiarella

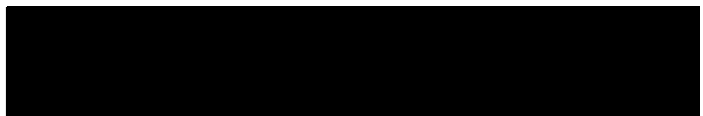
San Bernardino, California

1991

APPROVED BY:



Advisor: Dr. Margaret Cooney



Second Reader: Dr. Mildred Henry

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There are several special people who have given me help and encouragement in writing, researching, and completing this project. My husband, John Chiarella who has been a great source of strength, I am deeply grateful to him. I am especially thankful for the wisdom and guidance of Dr. Margaret Cooney, whose counsel has improved the quality of my personal and professional life. I would like to also thank Dr. Mildred Henry for her useful suggestions. Finally, I dedicate this project to my mother-in-law, Josephine Tura Chiarella who deserved a better old age than she experienced.

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CHAPTER I

INTRODUCTION

A significant rise in the number of older adults, 65-years and older, is expected to continue during the twenty-first century. Current projections indicate that the number of functionally dependent older persons will increase from four million in the 1990's, to six million by the year 2020, and to 11 million by the year 2040. These statistical predictions denote that numerous families in the United States will have two sets of individuals; one in the 60-year-old group, the other in the 80's (National Center for Health Statistics, 1983; U.S. Bureau of Census 1983).

In addition, indications are that the family structures, health status, and living patterns of Americans will change. Therefore, it is important that service providers evaluate current services provided for the elderly, and be aware of new strategies which will meet the rehabilitation needs of the elderly, in order to ensure a better quality of life by helping them avoid loneliness, isolation, and the environmental stresses which appear to be the main perpetrators of the maladies that affect many of them.

Significance of the Problem and Justification for the Project

The drastic changes in the demographics of America compel us to be concerned with the need for a more comprehensive approach to the planning of services and support systems for the elderly. Many older adults find themselves in stressful situations that discourage them from seeking medical and social services which could prevent small problems from becoming major disabilities (Brody, 1977). Research and literature postulate that many of the services for the older adult are fragmented, uncoordinated, inefficient, and ineffective (Butler, 1979; Birren 1977; Brody, 1977). Further research postulates that those services are found to be inhospitable to the point of doing great damage (Lowry, 1979). For instance, older people who attempt to utilize services available to them are required to visit a number of agencies, often at great distances from each other; thereby, discouraging the elderly from seeking assistance because of lack of accessibility to those services or agencies.

Geriatricians are beginning to learn that if the older adult has a supportive family environment, a place to go each day, a task to do, his or her life can be better. If nothing else, such activities seem to help dispel one of the most concomitants of aging--depression (Butler, 1979).

The number of services for the elderly are many, but offered only in fragmented style; that is, they lack the coordination necessary for good results.

Adult day-care centers have been identified as a new service, which help meet the individual and societal needs of the elderly through a spectrum of services and activities. Adult day-care centers are facilities that provide group care for the elderly who cannot be left alone, but who are too independent to be institutionalized (Padula, 1989). These centers may be subsidized by a government agency or by a private organization. The main goal of these facilities is to coordinate a mix of services and concerns that will benefit the mental and physical status of the elderly client, as well as his or her emotional well-being (Goldstone, 1986). Padula (1989), explains that some adult day-care programs also offer in-home services for their clients, for instance homemaking services. Homemaking services provide personal care and household tasks.

Purpose of the Project

This project explores present services which exist in adult day-care programs in the San Bernardino and Riverside counties. This project will investigate the quality of services that are being provided to older adults who attend a comprehensive and holistic day-care program. The methods of gathering data will be interviews, questionnaires, and

on-site observation of existing programs. All information was assimilated to formulate an analysis and conclusions.

This project will explore the following questions:

1. How are adult day-care centers in San Bernardino and Riverside counties meeting the needs of adults over 65 years of age?
2. How can adult day-care centers integrate needed services for the elderly?
3. How can rehabilitation programs in adult day-care centers improve the quality of life for elderly clients?

Definitions for the Study

Adult--an individual 18 years of age or older.

Adult day-care program--a structured, comprehensive program that provides a variety of health, social and related support services in a protected setting, during any part of a day, but less than 24-hours care.

Aged--a arbitrary number of which fixes the individual at a point in time.

Aging--the process of biological, psychological, and sociological change from one point of time to another.

Community-based program--refers to services that delay or reduce institutionalization.

Geriatrics--the medical study of the physiology and pathology of old age.

Gerontology--the scientific study of the physiological and pathological phenomena associated with aging.

Holistic--emphasizing the importance of the whole and the interdependence of its parts.

Independence--the older person's freedom to make decisions and to perform tasks without the assistance of another person.

In-kind donation--a non-monetary donation. It can include staff sharing, use of space, office equipment and program equipment, volunteer time and supplies and consumable and medical supplies.

Long-term care--a process of caring for the person over an extended period of time without the immediate goal of his or her becoming well or being cured.

Participant or client--a person enrolled in an adult day-care program.

Psychosocial--a combination of social and psychological services.

Rehabilitation--refers to maintaining current function, or decreasing the rate of decline in function, and learning how to compensate for loss capabilities.

CHAPTER II

REVIEW OF THE LITERATURE

The review of the literature will be divided into the following sections:

1. Perspective on aging.
2. History of adult day-care programs.
3. Definitions of adult day-care and target population.
4. Funding for adult day-care centers.
5. Models of adult day-care programs.
6. Summary of the review of the literature.

Perspectives on Aging

The rehabilitation of older Americans is an area that has not been fully explored by practitioners; it can be considered to be in its infancy. However, concerns for the aged and the aging process is not a modern phenomena (DeBeavior, 1972; Kubric, 1988; Achembaum, 1983). DeBeavior (1972), points out that interest on aging issues can be traced 25 centuries to Hippocrates in ancient Greece, and pursued by a circuitous past through the Middle Ages, the Renaissance, The Age of Enlightenment, the Scientific Age, and on into our modern times. Achembaum (1979), added that until the 19th century, the posture was to support continuity and activity into the later years. In stark contrast, after

1865, the literature on aging began to focus on a more pessimistic image of the elderly generation (Keller, 1981). By the beginning of the 20th century, most of the research on the subject was directed towards biological studies of aging. The main focus was on illness and the decline of the human body, rather than health and rehabilitation.

Fortunately, new interest in the positive aspect of aging is emerging as a result of demographic changes that are occurring in our country, throughout the world, and in the development of rehabilitation services (Benedict and Ganikos, 1989). Practitioners are recognizing that, at this point in history, it is imperative that a reorientation of emphasis must occur concerning our elderly citizens (Zola, 1989). Changes need to be made that will include prevention, not exclusively medical but psychological, psychosocial programs that will benefit the whole person (Zola, 1989).

New scientific information is emerging concerning the aged, and rehabilitation practitioners are beginning to discover that the elderly can have a greater sense of life satisfaction, can regain lost strength, and can preserve their independence (Kemp, 1989) in spite of disabilities that are natural to the aging process. Gerontologists are agreeing with Robert Butler (1975) that the United States must become committed to the elderly and bring attention to the inadequate resources and services for older adults. These commitments will facilitate a better quality of life,

and the elderly will be able to enjoy their remaining years. Bozarth (1981) stated that we cannot deny rehabilitation services to older people; rather, we should extend to assist them in exploring and finding meaning to their lives.

In addition, Levin and Levin (1980) postulate that rehabilitation and socialization of the elderly, as well as the delivery of the appropriate services for the elderly, cannot be achieved until negative attitudes and myths about old age are dispelled. Both show parallels with respect to processes of stigmatization of ages and disabled persons (Benedict, 1981). Robert Butler (1974) reported that negative attitudes and myths about older people have had negative influences on how program services are rendered to them; furthermore, it is conducive to discrimination. It is also clear that negative trends do not motivate the elderly to seek the help they need (Butler, 1974).

Levin and Levin have concluded that the extinction of negativism and discrimination of the elderly can be a lever for social, economical, and political changes that will benefit all disadvantaged groups in America. In addition, the extinction certainly has the potential to sway rehabilitation practitioners to expand and develop programs such as holistic day-care programs. Through these programs, clients can be stimulated to improve mental skills, physical abilities, and maintain psychological well-being in order to enhance their quality of life.

History of Adult Day-Care Centers

Adult day-care centers help fill a void that exists for the elderly who, otherwise, may be institutionalized. The literature proposes that given the proper attention and direction, adult day-care centers can positively contribute to the provision of a wide range of services for the basic needs of the elderly (O'Brien, 1982; Huttman, 1982).

The main concept of the adult day-care centers has been borrowed from the Russian psychiatric day-hospital program. In 1940, the Russian model was implemented as an alternative to hospitalization. The patient arrived early in the day, received psychiatric treatment, nutrition, participated in a variety of activities, and returned home in the evening (Huttman, 1982; O'Brien, 1982).

By 1950, many European countries began to emulate the Russian model. Realizing the advantages of day-care programs, England has made it an integral part of the social services and health system, serving the disabled and the elderly. It has been estimated that about 40,000 people attend adult day-care programs in England. In essence, the British are considered to be the adult day-care pioneers.

The Canadians, inspired by the English adult day-care movement, followed suite by developing their own programs for the elderly. The primary purpose was to provide coordinated activity programs, and to provide a safe environment for the elderly. In addition, the programs offered nutritional meals and respite for the families.

Adult day-care is a fairly new development in the United States. In 1960, the first adult day-care program was initiated at the Cherry Hospital in Goldsboro, North Carolina (Goldstone, 1989). The participants were hospital patients who attended part of the day. The focus of the program was to assist the participant's reentry into the community. Since 1960 to the present, adult day-care facilities have increased from three in 1960, to 1,000 in 1989 (Padula, 1989). Since the 1970's in California, there are less than 80 adult day-care programs. As of 1991 there are only two adult day-care programs in San Bernardino County, and four adult day-care facilities in Riverside County.

Adult Day-Care Defined

According to the National Institute on Adult Day-Care (NIAD), adult day-care can be defined as a community-based service which:

1. Helps mentally or physically impaired adults maintain or improve their level of functioning, in order to remain in the community.
2. Offers participants the opportunity to socialize, enjoy peer support, and receive medical and social services in a stimulating and supportive environment that promotes better physical and mental health.
3. Provides assistance to families and care givers who have responsibility for an impaired older adult who cannot be

left alone during the day, and yet who does not require 24-hour nursing care in an institution.

4. Helps prevent the inappropriate or premature institutionalization of older impaired adults.
5. Helps older impaired adults who live alone and need supportive services to improve or maintain their level of independence.

Adult Day-Care Target Population

The National Institution on Adult Day-Care (1984) identifies adult day-care participants as follows:

1. Adults with physical, emotional or mental impairments who require assistance and supervision.
2. Adults who need restorative and rehabilitation services in order to achieve the optimum level of functioning.
3. Adults who are limited in major ways in their ability to function independently in the community, but who do not require 24-hour institutional care.

Funding for Adult Day-Care Centers

Funding sources for adult day-care centers are limited (Padula, 1989). Goldstone, (1989) reports that not many adult day-care centers can be considered self-supporting, and the cost of operating a center is seldom covered by the participant's fees, especially if they expect to provide a gamut of services. Thus, programs offering a

variety of services and activities are compelled to depend upon an array of private and public sources for financial support (Issacc, 1981; Rabin, 1981). Directors of these programs have indicated that a great deal of their time is spent locating potential sources of funding by writing for grants, public speaking engagements, and planning fund raising events at their centers (Holmes and Holmes, 1978).

Betty Ranson (1984), coordinator of the National Institute of Adult Day-Care Programs, points out that the most common source of funding available for adult day-care programs is through state and federal government. Ms. Ranson adds that there are specific requirements that must be met in order to receive monies from any government source. Having recognized the need for more appropriate care of our elderly and disabled citizens who are at risk for premature institutionalization, private organizations and institutions are begging to provide monies for adult day-care centers in their communities (Goldstone, 1989). Padula (1989) writes that financial support for the programs does not have to be of monetary value alone, but can be in the form of "in-kind" donations. For example, schools, churches, and community organizations can provide space within their staff, or donate office equipment, thereby eliminating high rents, staff salaries, or the need to purchase expensive equipment, thus reducing the program expenses.

In 1977, the State of California was identified as being one of the few states to pioneer and legitimize adult day-care programs. California passed a landmark legislation that allowed adult day-care facilities to become part of the long-term care services for the elderly and disabled individuals. Assembly Bill 1611, for the first time, allows the allocation of monies from Title XIX to be used for medical models of adult day-care programs. Title XIX is the Kern-Mills Act Medical Assistance to the Aged which eventuated to Medicaid.

Title XIX is under the umbrella of Medicaid. In essence, the state and federal government agree to share the cost of the medical needs of welfare recipients, the aged, and disabled persons who are medically indigent. Federal guidelines indicate that Title XIX monies must be used to help individuals attain and retain their capabilities for independence and self-care. Further, Title XIX programs are administered by the state government. Each state sets its own reimbursement policies and rates (Padula, 1989). It is important at this point to note that Medicaid in California reimburses only those adult day-care programs that are licensed and certified as medical models.

In addition to Title XIX, California adult day-care programs may receive funding from Title III of the Older American Act. Title III directs funds to be used for the operation of state and community-based programs. The main

goal of this title is to improve social services and also to promote the well-being of the elderly population. It specifically provides financial support for the establishment of senior ambulatory day-care programs. The main requirement of this act is that day-care programs serve minorities, low income, and the rural elderly who are not covered under other provisions. It must also provide therapeutic, educational, nutritional, recreational, and social services. Participants must attend the program at least 24-hours per week, and also be a resident of the community where the program operates (Older American Act, as amended in 1979).

In some states, Title XX, the Social Services Amendment to the Social Security Act, is available as a major source of funding for adult day-care programs. Title XX authorizes the states to use its monies for a variety of home-based programs. This title seeks to provide all categories of individuals with the opportunity to remain in their homes and avoid inappropriate institutionalization (Kane, R.L. and Kane, R.A., 1980). A substantial amount of the funds from this title are channeled into programs through a variety of agencies (Padula, 1989). It provides monies for transportation to and from the day-care centers, food preparation and delivery, information referral services, counseling, and health support services. The aim of Title XX is to assist in meeting the special needs of the elderly and disabled individuals in a psychosocial setting.

Guidelines for Title XX are set by both state and federal governments. Unfortunately, the State of California does not permit the use of Title XX monies for adult day-care services, while in other states, it is the primary government source of funding.

Tate (1989) recommends that when locating funding sources, one should always keep in mind private foundations, grants local board of directors for community funds, fund raising activities, and local government.

Perusing previous information, it is safe to say that a multiplicity of resources are used for the development and maintenance of adult day-care programs in the State of California and throughout the country. It is also appropriate to say that state and federal monies are the major sources of funding for the programs. Title XIX (Medicaid) helps medically oriented programs, while Title XX of the Social Security Act, and Title III of the Older American Act provides funding for psychosocial and social models of adult day-care programs.

Models of Adult Day-Care Programs

The National Institute on Adult Day-Care, identified three functional types of adult day-care facilities during a national survey in 1985. Data from the survey indicates that state and federal governments restrictive policies have been an influential force in the emergence of the three distinct

modalities of adult day-care programs. Each model reflects the mode of reimbursement that is received from the government. For example, Title XIX Medicaid funding is specifically directed towards programs that are health-care oriented. On the other hand, Title XX funds are used primarily for the psychosocial programs. A third form of funding, Title III of the Older American Act, tends to place a greater emphasis on a mix of psychosocial and health-related services (Issacc, 1981; Padula, 1989; Tate, 1989).

The National Institute of Adult Day-Care Directory classified programs into the following three categories:

1. Model I Medical/Restorative Programs: Those programs offering intensive health-supportive services prescribed in the individual-care plans for each participant. Where prescribed, therapeutic services are provided on a one-to-one basis by certified specialists with constant health monitoring and provision of a therapeutic activities program.
2. Maintenance Programs: Those programs with the capability (in terms of health professionals on the staff and appropriate equipment) to carry out a care plan for each participant based on recommendations from the personal physician (or clinic) and developed by the multi-disciplinary program team. Services provided include health monitoring, supervised therapeutic

Rehabilitation of the elderly is of recent origin. However, interest on the aged can be traced to ancient Greece. It was in the early 1900's when empirical studies on aging emerged. The focus of studies at that time was limited to illness and the biological process of growing old. Interest in other area of studies concerning the aged and the aging process began to develop later.

Summary

(Issac, 1981).

without the fragmentation of services that currently exist order to provide and improve reimbursement policies programs on the basis of health and non-health services in elimination of models that differentiate adult day-care The National Institute on Day-Care has as its mission, the socialization and lunches (Robina, 1981).

services; still others are concerned solely with departments and transport participants to needed create formal linkages with local clinics or health integral part of the total program; other social programs emphasis on health maintenance, with nursing services an nature and scope. Some social programs place great

3. Social Programs: These programs show wide variations in services.

individual and group activities, and psychosocial

The concept of adult day-care has been identified as one of the many services available for the elderly. The idea of adult day-care originated in Russia. The Russian model was developed to care for the mentally ill. During the 1950's and 1960's other countries including the United States began to emulate the Russian example.

Today, the adult day-care concept has been modified to include the elderly and other disabled persons who are too dependent to manage themselves alone but who are independent enough that institutionalization is not necessary.

Three models of adult day-care has been identified, as medical, social and rehabilitative models. A multiplicity of fundings are used for the development and maintenance of these programs. State and federal monies are the two major sources of funding used for adult day-care programs in the state of California.

CHAPTER III

METHODOLOGY

Project Design

The purpose of this study is to investigate the quality of services being provided to the older adult in adult day-care centers within San Bernardino and Riverside counties. In addition, the study explores ways in which rehabilitation services can change the quality of life for the elderly when they attend adult day-care programs.

The study was conducted at six existing adult day-care programs in San Bernardino and Riverside counties; two of the identified adult day-care centers are located in San Bernardino county and the remaining four facilities for the study are located in Riverside county. All six adult day-care programs are private non-profit and comprise of the total number of programs in both San Bernardino and Riverside counties.

The method of collecting data included:

1. Visitation of all six adult day-care centers identified for this study.
2. On-site structured interviews were conducted with the administrators of each facility.
3. Interviews were conducted with professionals who work with the elderly in various capacities in San Bernardino and Riverside counties.

The assessment procedures consisted of the investigator visiting the six existing adult day-care centers in the San Bernardino and Riverside areas. During each visitation, the investigator conducted a comprehensive structured interview with the chief administrator of each of the facilities. In addition, a structured interview was conducted with eleven other helping professionals who work with the elderly. Finally, all of the subjects interviewed completed the same questionnaire as shown in the appendix.

The six-hour visitation conducted by the investigator, at each facility, and the interview with the facility's administrator investigated the following areas: medical and rehabilitation services, social activities, community outreach, access to government agencies, social interaction among clients and interaction among staff and clients.

In addition, the structured interviews addressed the following areas of the adult day-care programs:

1. Funding sources.
2. Client demographics.
3. Program philosophy and goals.
4. Distinguishing models used for the programs.

Subjects

All of the subjects interviewed for this study were selected on the basis of their role and function in providing services to the elderly in the six visited adult day-care facilities, and in the community at large. The seventeen identified subjects for this study represented the following occupational categories: six adult day-care administrators, two Protective Services social workers, one county rehabilitation counselor, one Home Health Service worker, an occupational therapist, and three Independent Living Centers employees (one of whom was the Director and the other two were rehabilitation counselors). In addition, the investigator interviewed one Meals-on-Wheels driver, a nurse from the County Health Department, a licensing analyst (inspector) from the State Office of Social Services Community Licensing Unit, and a Public Relations Director from the California Federal Region IX Office On Aging. Consent forms were signed by each subject participating in the study.

Limitation of the Study

The number of adult day-care programs identified for this research were limited by the six existing facilities in the San Bernardino and Riverside counties. While conducting the study at these facilities, the investigator observed only those areas designated by the administrators.

The data collected on clients of the adult day-care programs were provided by administrators of each of the facilities. Furthermore, all six adult day-care administrators stated that clients in the programs could not be interviewed due to psychological and mental deficiencies.

CHAPTER IV **DISCUSSION OF FINDINGS**

This chapter will present and discuss findings of this study.

The study involved surveying a total of six adult day-care facilities in the geographical area of San Bernardino and Riverside counties. All six programs were private and non-profit. It was found that the total number of adult day-care clients in these programs was low, 127 persons (see Table 1).

TABLE 1
SUMMARY OF ADULT DAY-CARE CENTERS PROGRAM
MODELS AND NUMBERS OF CLIENTS

County	Number of Adult Day-Care Centers	Program Models Number of Clients			Number of Clients Attending Day-Care
		Social	Rehabilitative	Medical	
San Bernardino	2	1	0	1	60
Riverside	4	4	0	0	67
Total	6	5	0	1	127

Table 1 displays a summarization of the number of adult Day-Care centers in operation in the San Bernardino and Riverside counties. It also shows the type of models of

adult day-care and the total number of clients served in each county.

The review of the literature indicated that there are three models of adult day-care: the medical model, social model and rehabilitation models. However, in San Bernardino and Riverside counties, it was found that there are only two models used in the existing programs. One program used the medical model and five used the social model. Auspices for these centers included: a church, a health center and private ownership. All the facilities were private non-profit organizations. It is important to note that these facilities differed from each other in numerous ways. For instance, the total number of clients served by each facility depended first on the agency in charge of licensing the facility; second, the physical structure of the building in which the program was housed (for instance, how many square feet, how many bathrooms and so on); and third, the number of staff available per client. In addition, the services rendered in each facility varied according to revenue sources and the parent organization that auspiced the facility. Also, it should be noted that one of the six facilities can be described as a rehabilitation model. Its parent organization was a health center; however, it was licensed as a social model and, therefore, has been included with the social model group.

The findings of the research conducted for this will be presented in the following six areas:

1. Licensing/Rules and Regulations.
2. Clients.
3. Funding
4. Minority participation.
5. Interagency network and adult day-care.
6. Socialization.

Licensing/Rules and Regulations

Data gathered from interviews with adult day-care administrators and state licensing analysts (inspectors) reveal that a license to operate an adult day-care program is provided by the State of California Department of Social Services or by the California State Department of Health and Welfare. Each of the state agencies mentioned above are governed by different rules and regulations which affect the services offered at each facility. The interviews also reveal that licensing is important in order to ensure a mechanism for certification as a means of receiving federal funds. Most importantly, licensing also ensures that the facility maintain minimum standards for the health and safety of the elderly clients attending the programs, and that adequate care is given. However, the findings of this investigation indicate that licensing standards and regulations do not include assistance or guidelines for

actual program operation. According to an agent who participated in the study, the main concerns are fire safety, building restriction codes, and health hazard violations.

Findings also show that while these licensing regulations are necessary, they also promote a custodial and paternalistic approach to adult day-care. It also appears that the state regulations for adult day-care programs lend themselves to various interpretations, causing confusion about what is expected. Furthermore, the findings of this study appear to point out that regulations are not conducive to a therapeutic approach of care. It is evident that these regulations are more interested in the structural condition of the facility than about the people they are supposed to help. A licensing analyst explained that the State of California does not require adult day-care facilities to implement any type of therapeutic environment or activity. In other words, as long as there is structural accessibility to the building, it has proper toileting facilities, is clean and has a director, the facility is considered adequate.

During the interviews, various persons indicated that the personnel who are responsible for the inspection and monitoring of adult day-care programs are not trained in gerontology or geriatrics. A review of the State of California Regulations for adult day-care and, also, an interview with a licensing analyst (inspector) revealed that

there is an urgent need to train these individuals in gerontology.

Clients

The findings of this study indicated that all of the clients in the adult day-care programs have been diagnosed by the administrator and treatment team, as having mental and multiple physical deficiencies.

Additional data collected indicates that all clients in these facilities were involuntarily admitted to the programs. According to administrators, the client is not asked for his or her consent to participate in the program. It was indicated that only the primary caregiver's agreement for enrollment was necessary. This finding seemed to be related to the custodial philosophy embraced by all of the adult day-care programs in San Bernardino and Riverside counties.

It appeared that all clients observed in these facilities had lost initiative and interest and had surrendered all decisions to others. This observation was most apparent in what appeared to be the participant's retreat, apathy and passivity.

It was also suggested by informants that primary care givers or relatives of the clients were not encouraged to participate in the activities of the adult day-care program. The interviewees reported that staff members of these facilities commonly believed that families of their clients

needed the time to care for themselves while their loved ones were in adult day-care programs.

Funding

It was found that the lack of fundings appears to be the main reason why there are so few adult day-care programs in San Bernardino and Riverside counties. The findings of this study indicated that all facilities seemed to provide services according to their funding sources. For instance, it was found that the main source of funding for one of the facilities was provided by its parent organization, which was a church. This created a gap in badly needed services. Its program was strictly custodial. This particular facility did not offer any type of therapeutic program for its clients. The staff consisted of church members who volunteered their time for three hours a week. The only paid staff was the program's director. In contrast, the study found another facility whose main source of funding was Title XIX (Medicaid) and the auspices of this facility was a health center. This adult day-care program employed a professional staff which included a Registered Nurse who was the Director, a Social Worker, a part-time Occupational Therapist, a Nutritionist and two aids trained in geriatrics. This adult day-care program was the only medical licensed model of the six studied programs.

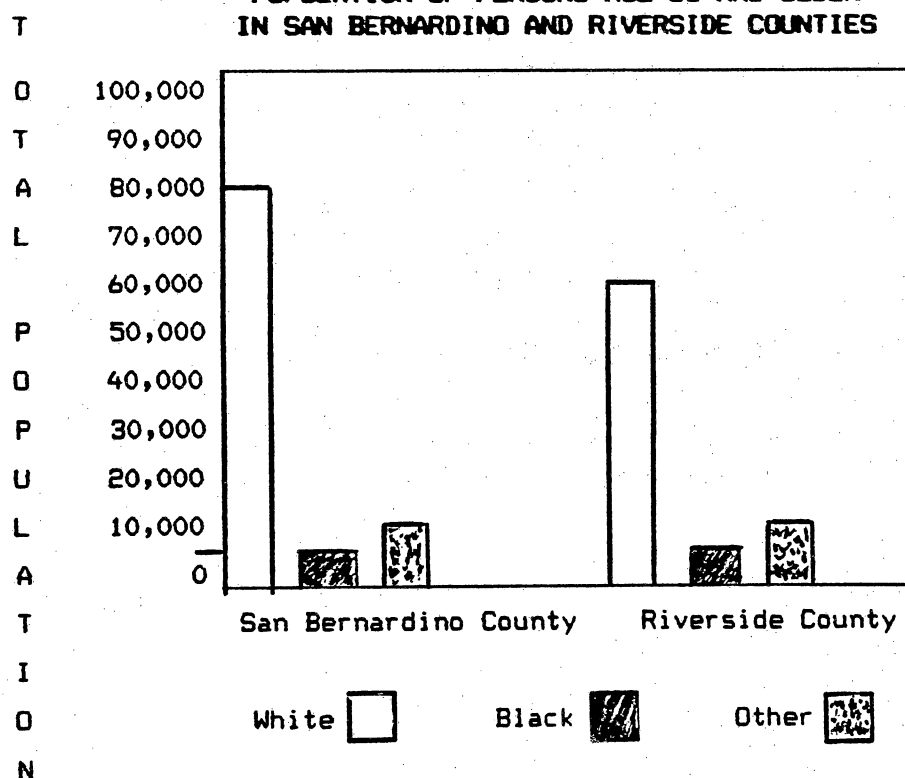
Findings of this study indicated that services available to participants within the community were not addressed by these facilities; the exception was those services that were funded by the parent organization. Thus, social models were limited as to quality and quantity of services they offered, because of the lack of funds, while medical models offered a gamut of services.

Minority Participation

The findings of this study are congruous with the survey of the literature regarding the lack of participation of minorities in adult day-care programs. The data collected for this study indicates that minorities are not represented in adult day-care centers as clients (see Table 2).

TABLE 2

POPULATION OF PERSONS AGE 65 AND OLDER
IN SAN BERNARDINO AND RIVERSIDE COUNTIES



Information on minority representation was collected through verbal interviews with the administrators of each facility. Each administrator answered questions on ethnicity of the clients, income levels, education and age (see Table 3).

TABLE 3

**DEMOGRAPHICS OF ADULT DAY-CARE
CLIENTS IN VISITED PROGRAMS**

Age		Education		Sex		Ethnicity	
65 - 75	55	No-school	9	Male	22	White	127
76 - 85	50	1-9 grade	77	Female	105	Others	0
86 & over	22	10-12 grade	27				
		H.S.+ some college	8				
		College 2 or more years	6				

All the administrators interviewed were invited to comment on the situation of non-participation of minorities. The most frequent comments stated by the interviewees concerning minorities, postulate that this segment of the elderly population does not attend day-care programs because of the cost involved. Interviews with administrators agreed with the literature findings that many minorities are unable to afford the weekly fee charged by all of the adult day-care programs. In addition, the data collected

concerning minorities indicate that all of the interviewees had the assumption that the elderly minority do not seek adult day-care services because they belong to large families or extended families. Therefore, there is always someone within the family unit to care for them. Also, findings point out that all the facilities included in this study are inaccessible to minorities. Inaccessibility was indicated by the lack of transportation to and from the facilities, the long distances traveled, and the lack of financial means. It appears that all of the above were the main reasons for the non-participation of minorities on these programs.

Interagency Network and Adult Day-Care

A verbal interview with agency workers that serve the elderly, postulate that there is a spectrum of services directed toward the elderly population in the San Bernardino and Riverside areas. However, it appears that these services are available, but not accessible to the elderly and the services fragmented. The findings indicate that a fragmentation of these services is producing negative results in relation to the needs of the elderly. The data collected demonstrates that each agency functions as an independent entity, even though each agency receives funding from the same sources; that is, from Title XIX and Title III. It appears that the agencies do not interact with each other or refer clients to each other. In other words, they do not function as a community network.

Socialization of participants was found to be low in totality. It was observed that interaction between clients did not occur. The interaction between staff and client was

Socialization

in order to efficiently serve the elderly. need to ameliorate day-care services and community services a total of 127 persons. These findings also point to a great two counties serve a small portion of the elderly population, finding may be the reason why adult day-care programs in the to make their services available to the elderly. This agencies do not approach adult day-care facilities in order resources which could be used by the programs. The community in this study did not reach out into the community to locate It was found that the adult day-care facilities included care to custodial services. also describes various program models ranging from health feelings because it connotes infant custodial services. It "day-care" also appears to contribute to the ambivalent relation programs of the adult day-care industry. The term day-care programs may stem from the inadequate public concept of adult day-care. The inability to describe adult evident when they were asked to define or describe the concerning information about adult day-care. This was personnel had ambivalent feelings and were very confused In addition, it was found that the public agencies

evident only when a service was being performed, such as assisting them to the bathroom, or when the client needed help to move from one activity to the next. It was also observed that clients were encouraged to remain within a designated area, and were not permitted to move about the facility freely.

The results were thought to reflect the need for more stimulating activities to facilitate a more positive social environmental outcome and a cohesiveness as a community.

It was observed that only one facility provided a well-planned physical environment with the client in mind. The facility was designed and decorated to facilitate social interaction, to lessen disorientation, and enhance sensory functioning.

Two of the facilities provided a safe outdoor access for recreational and therapeutic purposes. In total, the study found that the clients had no control over the physical and social environment surrounding the facilities. In the researcher's subjective opinion, these findings have affected the personal and social well-being of each client served. Studies indicate that a promotion of well-being is related to the client's participation in decision making, the social environment, and what gerontologists refer to as prosthetic environment; that is, the design or modification of buildings to encourage competence in people with functional impairments (Lindsly, 1964; McClannohan, 1973; Brody, 1989, John E. O'Brien, 1980; Birren, J. and Schaile, K.W. 1977).

CHAPTER V

RECOMMENDATIONS AND CONCLUSIONS

The recommendations and conclusions of this study will be discussed in five areas:

1. Funding.
2. Delivery of services.
3. Personnel.
4. Emotional needs of clients.
5. Families.

Recommendations for Funding

1. The investigator of this study recommends that the division of funding sources according to the model be abolished. Under the present system, only medical models receive Title XIX (Medicaid) monies and also reimbursement of monies under the umbrella of the Income Disregard System. In contrast, social models are left to find funding through the private sector.
2. That the vendor and voucher system be expanded to include adult day-care programs. The vendor and voucher system is widely used in child-care facilities in California and in other types of programs that provide services to the poor and disabled. According to the State Department of Social Services, a vendor payment system is a

contract between a government agency and a provider of a specific service for a definite amount of money. The voucher system is a redeemable coupon issued by a government agency to a client. The clients present it to a service provider of their choice as a payment for services rendered.

Recommendations for Delivery of Services

1. It is the recommendation of this study that all agencies providing services for the elderly, including adult day-care facilities, coordinate their services.

This will form a network of services and eliminate the necessity of the elderly having to walk through the bureaucratic maze that is so prevalent and often discourages the elderly from seeking the help they need.

2. In addition, it is recommended that adult day-care programs in San Bernardino and Riverside counties avail themselves to government-funded services already available to their communities. These services are not exclusively for the elderly, but they include the elderly population as potential users. Examples of these services include community college classes and services, recreational programs,

libraries, health and welfare programs, government subsidized transportation (Dial-A-Ride) and many more.

3. This study also recommends that a professional cadre be established county-wide whose main concern will be the planning and delivery of auxillary services within the adult day-care ambience. Their services would also include auxillary medical services, such as physical and occupational services, social programs, and other supportive services such as nutritional services, social workers, rehabilitation counselors and psychological services. Each facility should have access to these professional groups on a weekly basis, or as needed.

Personnel Recommendations

1. It is recommended by this study that adult day-care personnel and the personnel, of other agencies offering services to the aged, have some training in gerontology. In addition, it is recommended that individuals working with the elderly be competent in the skills related to self-improvement techniques, the concept of the person and the environmental needs of each client.

2. This researcher recommends that adult day-care facilities be encouraged to consult with other specialized professionals regarding their client's needs.

Recommendations for Emotional Needs

1. The recommendations of this study states that adult day-care providers focus on a range of experiences that are designed to strengthen intellectual capacity, self-reliance, and emotional support in order to lessen dependency,.
2. It is recommended that the staff in adult day-care settings do nothing for clients that would prohibit a reasonable degree of independent functioning in order to stimulate self-empowerment, self-worth and independence. Therefore, it is recommended that the information listed above be available to adult day-care workers. In addition, data concerning clients' health, life style, and background in general should be readily available to the staff in order to understand the client's needs, and to create an emotionally, accepting, and supporting environment.
4. The study recommends that adult day-care programs place strong emphasis on the needs of the

participants, not the needs of the program and its staff. The program's goal should be to assist the client in gaining control of his/her life and to promote independence.

Family Recommendations

1. This study recommends that adult day-care programs encourage the client's family to participate in the program activities. However, this does not mean that relatives should be required to spend time at the facility. Their participation should be strictly voluntary.
2. The researcher recommends that adult day-care providers become knowledgeable about the diversity of family relationships and the importance such relationships play in the life of the elderly.

Conclusion

Improving and expanding adult day-care programs in San Bernardino and Riverside counties is a pressing problem facing the provider of the service and the community in general. Adult day-care programs in San Bernardino and Riverside counties are under-funded, uneducated, segmented and serve a very narrow segment of the elderly population. The attainment of improvement of existing programs and the

development of new ones calls for new channels of funding. Changes in government reimbursement policies should be advocated. Moreover, further investigation needs to be pursued to determine the specific causes of the low usage of adult day-care services by minorities and other elderly persons at risk of being institutionalized. There is also a need to broaden the diversity of clients and staff at these facilities.

This author believes that the voucher and vendor systems of payment would provide equal access to public funds for all adult day-care models, (medical, social and rehabilitative). Furthermore, these systems would make the facilities accessible to the poor and the elderly minority. At present, this segment of the population is being excluded from the programs because of the lack of funding. Moreover, both payment systems would enhance the programs by increasing their revenues and at the same time increase the number of participants, since they would be enrolling as participant subsidized clients.

It is important at this juncture to point out the overemphasis that government policies and regulations have placed on the relative merits of adult day-care models. It has probably been a retarding factor in the development of more effective programs in the two counties.

Availability of trained personnel is another recognized problem in the adult day-care industry. Persons with the

necessary education to implement the type of programs needed are not being attracted to work in this field. The pay has been relatively low, and the position has had little status in the community. In addition, the scarcity of courses offered at colleges and universities for training have also contributed to this personnel problem.

It is hoped that this study and the recommendations presented will contribute to achieving better results from adult day-care programs.

The study has attempted to make the reader aware of the realities that exist within the adult day-care programs in San Bernardino and Riverside counties. It is important to note that it is not the intention of this author to minimize nor to depreciate the work presently being performed in the few facilities that are readily available in the two counties.

The review of the literature on adult day-care programs and data gathered from interviews of the seventeen identified subjects, postulate that there is a need for improvement. Findings indicate that many of the elderly clients' needs are not being met in adult day-care facilities, both in the Inland Empire and throughout the United States. However, this author concludes that it is possible to develop adult day-care programs that will offer services to the elderly, that will enhance their quality of life, in a holistic and coordinated manner.

APPENDIX A
CONSENT FORM

CONSENT FORM

I understand that I am completing an interview which will be used as part of a Master's Project being completed by Anatile Chiarella, a student at California State University in San Bernardino.

Anatile Chiarella has my permission to use my questionnaire in her study, and I understand that my response will be held in the strictest confidence. I also understand that I may ask Anatile Chiarella questions at any time about the study.

Name

Date

APPENDIX B
ADULT DAY-CARE PROFILE
SITE-STRUCTURED OBSERVATION FORM

Adult Day-Care Profile

Site-Structured Observation Form

1. Name of Facility _____
 Street Address _____
 City _____ County _____ Zip _____
2. Contact Person _____
3. Contact Person's Telephone Number _____
4. Generally, you would consider the location of your facility to be:
 _____ Urban _____ Suburban _____ Rural
5. This program is directed to:
 _____ Older Adults
 _____ People 18 years of age and older
 _____ Dementia Clients Only
6. What year was this center established? _____
 This center is:
 _____ Public/Government _____ Private/Profit
 _____ Non-Profit _____ Other - Specify _____
7. What is the total number of full-time staff? _____
8. What is the total number of part-time staff? _____

FACILITIES AND STRUCTURAL DETAILS

9. Is the site:
 1. Well lighted? _____
 2. Hilly or level? _____
 3. Adjacent to parking area? _____ Adequate? _____
 4. Equipped with ramps if needed? _____
 5. Completely accessible to wheelchairs? _____
 (indicate areas not usable by those in wheelchairs)

 6. Difficult to find? _____
 7. Are doors to building easily opened? _____
 8. Are exterior doors panic doors? _____
 9. Are doors wide enough to accomodate wheelchairs? _____

10. Nature of homes in target area?

(Check all that apply)

1. Public Housing. Yes ____ No ____
2. High-rise apartments, not public housing. ____
3. Multi-family private homes. ____ townhomes ____
row houses, etc. ____
4. Apartments over commercial establishments. ____
5. Low-rise apartments. ____
6. Single family homes. ____

The center is located in:

Church ____ Community Center ____

Renovated home ____ Hospital ____

Privately owned building ____

11. How would you rate the comfort of the facility?

Excellent Good Fair Poor

____ ____ ____ ____

12. Site-Structure Observation Check List:

Check "YES" or "NO" or "NOT SURE"

Interactions between Staff and Participants:

Yes	No	Not Sure
____	____	____
____	____	____
____	____	____
____	____	____
____	____	____
____	____	____
____	____	____
____	____	____

- | | | | |
|------|------|------|---|
| ____ | ____ | ____ | 1. Are duties clearly specified? |
| ____ | ____ | ____ | 2. Is there adequate and clearly understood delegation of authority? |
| ____ | ____ | ____ | 3. Mutual respect (apparent)? |
| ____ | ____ | ____ | 4. Courtesy? |
| ____ | ____ | ____ | 5. Willingness to undertake menial tasks when need arises without regard to status? |
| ____ | ____ | ____ | 6. Adequate sharing of workload? |
| ____ | ____ | ____ | 7. Cooperation in undertaking less pleasant tasks? |
| ____ | ____ | ____ | 8. Are there any apologies or excuses for anything that may be wrong? |

13. Furniture Arrangement:

1. Are chairs, sofas, tables, and other furniture arranged appropriately for activity for which area is used? _____
2. Is furniture arrangement conducive to group interaction? _____

Comments: _____

14. What did you observe in the neighborhoods?

1. Is it high or low-crime area? _____
2. Is the center near public transportation? _____
3. How far is the center from the nearest:
 - a. Movie theater _____ blocks _____ miles
 - b. Public park _____ blocks _____ miles
 - c. Church _____ blocks _____ miles
 - d. Police station _____ blocks _____ miles
 - e. Hospital _____ blocks _____ miles
 - f. Shopping center _____ blocks _____ miles
 - g. Library _____ blocks _____ miles

15. Demographics of Adult Day-Care Clients:

1. Ethnic background of the clients served at center:

White _____ Black _____ Hispanic _____

Asian _____ Other _____
2. Age breakdown of the clients served at center:

_____ 45-55 _____ 68-77 _____ Over 90

_____ 56-67 _____ 78-89 _____ under 45
3. Current income status of clients served at center:

_____ 31,000-40,000 _____ 10,000-20,000

_____ 21,000-30,000 _____ Under 10,000
4. Occupational status of clients served at the center:

_____ Professionals _____ Service

_____ Non-professionals _____ Others

16. Ethnic background of staff and health care providers:

White _____ Black _____ Hispanic _____

Asian _____ Other _____

17. Funding sources of facility.

18. Philosophy of the program.

APPENDIC C
STRUCTURED INTERVIEW QUESTIONNAIRE
Used In This Study

Interview Questionnaire (Professional serving the elderly):

Interviewer's Name _____

Address _____

Phone _____

Title _____

Formal Education _____

1. In general, what programs or services does your agency provide? _____

2. Do you provide services which are designed primarily for senior citizens? _____

3. Can you tell me a little about the history of your agency (date started, auspices, changes in program or emphasis over the years)? _____

4. Would you describe the program or services that you provide for seniors?

1. Information and referral _____

2. Transportation _____

3. Volunteer services _____

4. Employment _____

5. Health services _____

6. Counseling _____

7. Nutrition _____
8. Recreation _____
9. Education _____
10. In-home services _____
5. Do you think there are people in the community who need your services but are not using them? _____
- _____
6. How does the demand for your services compare with your ability to provide it? _____
- _____
7. If your budget were increased by 25%, how would you use the additional funds? _____
- _____
8. What do you feel is the greatest unmet need of seniors in your community (not necessarily a service you would provide)? _____
- _____
9. Do you have specific agreements with other agencies that provide services on a coordinated basis? _____
- _____
10. To which agencies do you most frequently refer clients? _____
- _____
11. How is your agency or program funded?
- | | | |
|-----------------|-------------|------------------------|
| _____ Federal | _____ State | _____ Local Government |
| _____ Donations | _____ Fees | _____ United Way |
| _____ Others | | |

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